

Comprehensive Case Management for Prenatal Care: Improving Access and Outcomes



March 4, 2026 | 3 pm EST

Zoom Orientation

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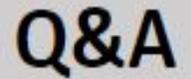
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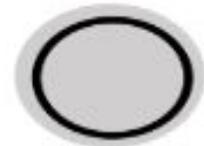
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Questions



Raise Hand



Recording

Please say **Hi** in the chat and enter your name, credentials, location, role





The National Nurse-Led Care Consortium (NNCC) is a nonprofit public health organization working to strengthen community health through quality, compassionate, and collaborative nurse-led care through:

- training and technical assistance
- public health programming
- consultation
- direct care

To learn more about NNCC, please visit our website at www.nurseledcare.org.

Accreditation Statement

Accreditation Statement: The National Nurse-Led Care Consortium is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

Successful Completion Requirements: Nurses completing the entire activity and the evaluation tool may be awarded a maximum of **1.0 contact hour** of nursing continuing professional development (NCPD). To obtain nursing continuing professional development contact hours, you must participate in the entire activity and complete the evaluation following the session.

Relevant Financial Relationships: It is the policy of the National Nurse-Led Care Consortium to require nursing continuing professional development program faculty and planning committee members to disclose any financial relationship with companies providing funding or manufacturers of any commercial products discussed in the educational activity. The program faculty and the planning committee members report they do not have financial relationships with any manufacturer of any commercial products discussed in the activity.



NNCC National Training and Technical Assistance Partnership (NTTAP)



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Today's Agenda

5 min - Welcome

5 min - Background

- Complex needs of pregnant women facing housing insecurity or homelessness.

20 min- Samia Bristow

- Maternity Care Coalition prenatal programs and care.

20 min- Disha Patel, MPH and Jessica Bedoy

- Centering Healthcare Institute, Centering Pregnancy program overview.

10-15 min - Questions & Wrap-Up



Learning Outcomes

By the end of this webinar, participants will be able to:

- Explain how access and affordability to comprehensive prenatal care impacts expectant women
- Describe how community-centered prenatal care models apply to public housing residents and how they can be integrated into health centers
- Evaluate strategies to improve prenatal care through connections to wrap-around services, resources, and continuity of care.



Subject Matter Expert



Samia Bristow

Vice President of Programs, Maternity Care Coalition

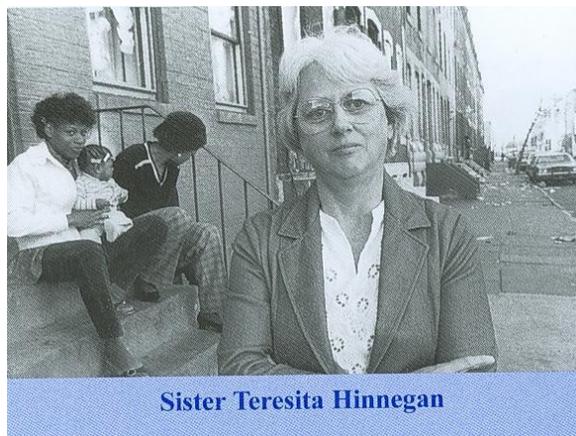
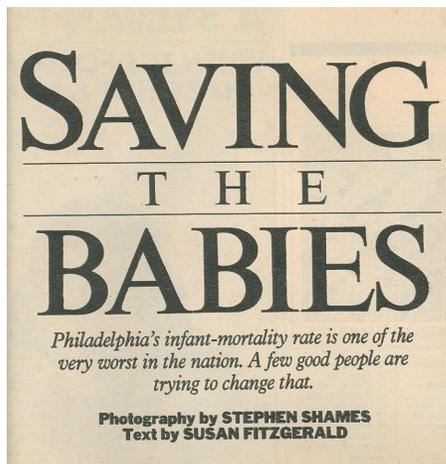


Maternity Care Coalition



Maternity Care
Coalition

Maternity Care Coalition: History



CALL US!
978-7040



Thursday, May 8, 1986 The Pittsburgh Press
OPINION

Too many babies dying

By **JoAnne Fischer**
and **Richard Weishaupt**

The happiest moment in the life of many adults is the birth of a child. Think them of the misery and distress that comes from the loss of a child at birth or during the first year of life. Yet, right here in Pennsylvania such tragedies occur all too often, especially in communities afflicted by poverty, where inadequate medical care is commonplace.

In the next five years, thousands of babies will die in Pennsylvania, thousands more will be handicapped for life.

Pennsylvania has a higher rate of infant mortality than even poverty-stricken Third World countries as politically diverse as Costa Rica and Cuba.

We can and must do better.

Pennsylvania's 1984 infant mortality rate was 19.4 per thousand births, for non-whites, among whom poverty is more prevalent, the rate is 21.3. Worse yet, while Pennsylvania has been making some progress on the overall rate, the infant mortality rate for the minority population is actually going up.

Pittsburgh has the highest black infant mortality rate of any city in the nation.

One of the key factors related to infant mortality is low birth weight (2500 grams or less). Low birth-weight babies are 20 times more likely to have permanently disabling conditions such as retardation, cerebral palsy, epilepsy, vision and hearing impairments and learning disabilities.

Two-thirds of all low birth-weight infants will require extended hospital care or in-home, high-tech care during the first year of life.

Philadelphia's percentage of low birth-weight babies is one of the country's highest; only five of the 27 largest cities in the country have a higher percentage. Here again we see a dichotomy between black and white children: 67 percent of all Pennsylvania babies had a low birth weight but 14 percent of black babies had a low birth weight in 1984.

Although the problem is extremely serious in the black community, the problem is not confined to the big cities.



Jim Conaway/The Pittsburgh Press

Maternity care agenda

Women's Agenda, a statewide organization lobbying for women and children in Harrisburg, in conjunction with the Maternity Care Coalition of Greater Philadelphia, is urging adoption of this maternity care program:

- An expanded Maternal and Infant Care program that will provide free prenatal care for all poor and near-poor Pennsylvania women.
- A state supplement to expand the special food program for pregnant women (known as WIC) to every eligible woman. Currently this program provides milk, eggs, cheese and juice to only 32 percent of low-income pregnant women in need.
- A substantially increased effort to prevent teenage pregnancy, while infant mortality is a problem that affects women all ages, pregnant teens are especially at risk.
- A comprehensive program covering in-hospital maternity services (labor, delivery and hospitalization) for the uninsured. Not knowing how they will pay for their hospital stays is one of the strongest factors in keeping women away from early enrollment in prenatal care. Starting care late greatly increases the chances of incurring a much larger bill for emergency delivery or a low birth weight baby.

Infant mortality is also a problem in such diverse counties as Clearfield, Dauphin, Elk, Erie, Juniata, Montrose, Somerset and Washington.

Unlike many social problems that are easy to recognize but difficult or controversial to solve, we know what works to reduce infant mortality.

Simply put, infant mortality rates and low birth-weight figures can be improved by providing high quality

prenatal care to pregnant women in the first trimester of their pregnancies.

Studies show that early enrollment in prenatal care, coupled with supplemental food programs and labor and delivery care is effective in reducing infant mortality among all women, regardless of their economic situation.

How, then, do we ensure that more women will participate in programs

Answers elusive on infant mortality

MCC's Mission

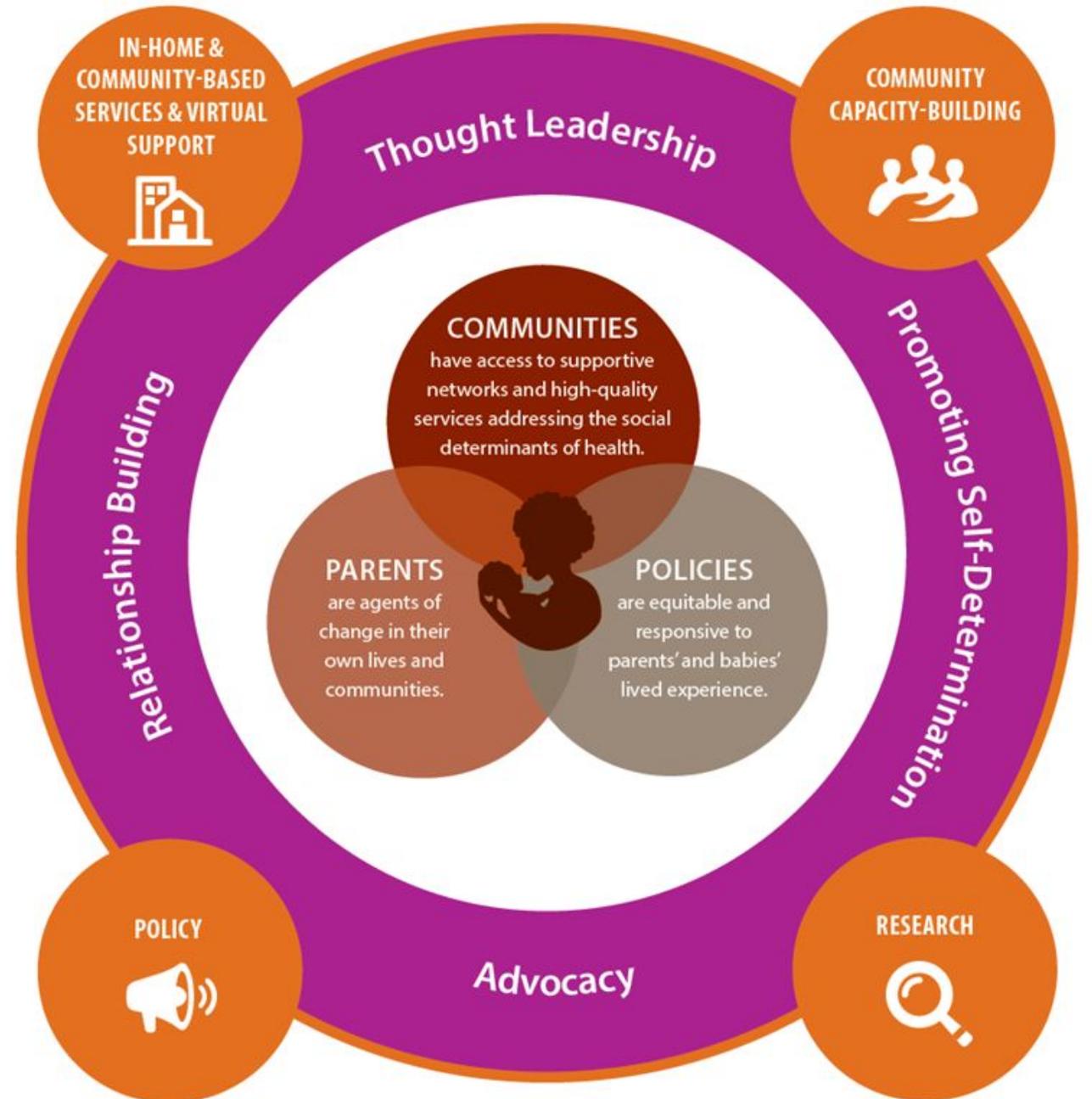
The mission of Maternity Care Coalition (MCC) is to improve the health and well-being of pregnant women and parenting families and enhance school readiness for children 0-3.

MCC's Vision

Maternity Care Coalition envisions a fair future where all families are healthy and connected, with all children thriving and ready to learn.

- Each child is welcomed
- Each person is nurtured and achieves their full potential
- Parents and caregivers are encouraged to care for themselves and their children
- Communities understand and act upon the imperative to provide systematic support
- As a result, all families and individuals are healthy, connected and economically self-sufficient and all children thrive and are ready to learn

How We Approach Our Work



**What does our work
look like?**



Home Visiting

Home visiting is a method of providing services to families in their homes and communities.

Perinatal and child health provider access supports

Mental health and well-being supports

Parenting and health education

Newborn/infant care including safe sleep

Resource referrals (basic needs, employment access, childcare, etc.)

Breastfeeding Support

Child development and early learning assessments & learning tools

Access to community-based services that address non-medical factors of health

Childcare

For children ages 0-3, our childcare centers provide babies, toddlers, and their caregivers with the tools they need to learn and thrive.



Our Early Head Start (EHS) model is data-based, which means the model has been analyzed, tested, and proven that if implemented correctly, children will have positive outcomes.



EHS 2024 Annual Report Highlights

- 316 children were enrolled in our EHS program
- 64 pregnant women received services through our EHS program
- 82% of EHS families lived below the federal poverty level
- 40% of EHS families were single-parent households
- 47% of single-family households were comprised of single mothers
- 72% of families received emergency/crisis intervention services

Community and Parenting Education

MCC offers a variety of educational programs and classes to help mothers, fathers, and families make informed, healthy, and compassionate decisions.



Childbirth Education, Group Parenting Classes, Newborn Care

Provides education in the areas of pregnancy, parenting, labor and delivery, postpartum, and early child development.



Cribs For Kids

Provides cribs to those who otherwise cannot afford them and teaches parents about safe sleep.



Community Doula And Lactation

Our comprehensive doula and lactation workforce development program concentrates on pregnancy, birth, lactation, and the postpartum period.

Community Doula and Lactation

Our Community Doula and Lactation program is a unique, community-based initiative focused on improving access to healthcare for pregnant people before, during, and after birth.



Community Doula Services

We match families seeking doula services with vetted providers in MCC's Doula Network. We offer free childbirth workshops and home visits to inform and encourage mothers and families as they prepare for, and during childbirth.



Lactation and Education Support

We offer free monthly virtual lactation workshops and one-on-one lactation support (in-person and virtual) to assist mothers and new parents with breastfeeding.

Mental Health

MCC, we believe that in order to raise babies that are healthy, growing, and thriving, families need to be healthy and happy too!



How We Help

We address issues impacting pregnancy, postpartum, and parenting through various programs specialized in areas such as:

- Substance use
- Depression and anxiety
- Incarceration

We Provide:

- Rapid response support
- In-home and virtual therapy for those who are pregnant, parents, and families
- Individual and family therapy
- Referrals to other community programs

Women's Health

MCC offers individuals and families a broad range of women's services to ensure access to and quality resources across a lifespan.

How We Help?



We address issues impacting the full spectrum of women's health. MCC staff are trained in and provide basic education about women's health and access to providers for healthcare.

What we do?



- Women's health education and products such as pregnancy testing, and period products
- Connections to providers to treat health issues such as sexually transmitted infection (STI) testing, pregnancy testing
- Connections to early detection and prevention of health conditions, including cervical and breast cancer screening

Outreach

MCC reaches the community in a variety of different way including community outreach and Our Warm Line.



Community Outreach

We have community engagement Advocates that are out in the community 5-6 days per week. Our Advocates go to health centers, WIC offices, community events, schools and so much more to provide resource connection!



MCC's Warm Line

We have a warm line that is open 6 days a week including non-business hours to service clients. Our warm line provides direct referrals to both internal and external provides.

Cargo Van Outreach

The heart of our work is to meet people where they are. MCC is tapping into its roots with this new form of outreach to better serve the community.



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Integrated Practice



Why are Integrated Practices Beneficial

- **Improved health outcomes**
- **Better coordination of care**
- **Increased trust and engagement**
- **Holistic, family-centered support**
- **Increase access to care**
- **Enhanced community understanding**
- **Stronger early intervention**
- **Increased efficiency for health systems**
- **Strong families**

What Does it Take to Create an Integrated Model of Care



Example of an Integrated Model

Safe Start Community Health Worker Program: A Multisector Partnership to Improve Perinatal Outcomes Among Low-Income Pregnant Women With Chronic Health Conditions



Questions?



Subject Matter Expert



Disha Patel, MPH

Manager, Health Policy, Centering
Healthcare Institute



Jessica Bedoy

Sr. Manager, FQHC Systems and
Partnerships
Centering Healthcare Institute

A woman with long, dark braids, some of which are dyed red and blue, is smiling and holding a baby. She is wearing a light pink top. The baby is wearing an orange shirt and a blue beanie. The background is a soft, out-of-focus landscape with a blue sky and a green horizon. The overall tone is warm and positive.

Centering[®]
Healthcare
Institute

From Insight to Impact: Scaling that Centers Community Needs

Health Systems, Strategy, and Partnerships

Prepared for: NNCC
Date: March 4, 2026

30 years of changing lives with community responsive pregnancy care

Agenda

- What is Centering?
- Policy & Payment
- The Evidence of Centering
- Strategic Impact Plan



What is Centering?

What is Centering?

Centering leverages facilitated, group-based medical appointments and care focused on health assessments, interactive learning and community building. Community Healthcare Institute (CHI) offers three Centering programs:

CenteringPregnancy®

Group care for prenatal patients

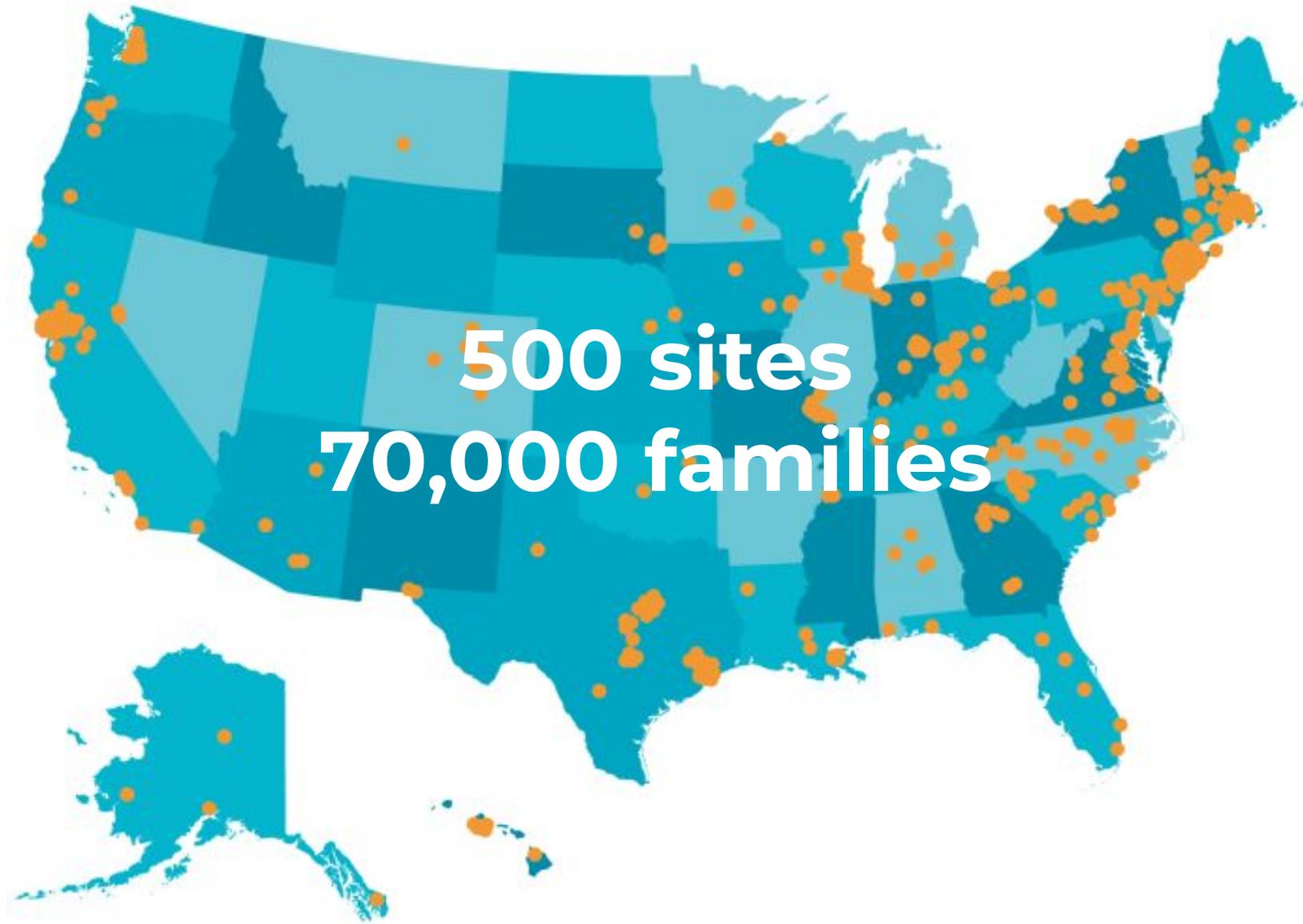
CenteringParenting®

Family-based group care for patients and babies

Centering® Healthcare

Group care for patients with shared health experiences





500 sites
70,000 families

CenteringPregnancy®

CHI's primary expansion focus over the next three years is facilitated, group-based prenatal care which consists of:

- A group visit of 8-12 pregnant women due around the same time
- Participants of different ages, races, and socio-economic backgrounds
- Visits that are 90-120 minutes, giving pregnant women 10x more time with their provider
- One-on-one time with the provider for a belly and baby check
- Assessment training for participants to learn how to record some of their own health data
- Facilitated “circle-up” discussions and activities
- Centering curriculum and materials that include everything from nutrition, common discomforts, stress management, labor and delivery, breastfeeding, and infant care are covered
- Lasting community friendships



Core Components



Health Assessment

Patients have one-to-one assessment time with their provider during each visit and learn to take their own vital signs which encourages them to participate in their own care.



Interactive Learning

Engaging activities and facilitated discussions help patients become more informed and confident in making healthy choices for themselves and their families.



Community Building

Patients find comfort in knowing they are not alone. Group visits lessen feelings of social isolation and stress while building friendships, community, and lasting support systems.



ACOG

The American College of
Obstetricians and Gynecologists

ACOG Endorses Group Prenatal Care

A powerful step toward
community—tailored care models like
CenteringPregnancy are now part of the
national standard

Policy & Payment

Increasing Access to
CenteringPregnancy for
Pregnant Women



Billing & Policy Pathway

- Grants or discretionary funding to pilot or scale up group prenatal care programs, enhanced Medicaid reimbursement rates, and APMs
- Changes to legislation, submission of SPA, waiver request to CMS
- Recognize group prenatal care as an effective strategy and list CenteringPregnancy as a resource



Pennsylvania Centering Overview

- 28 Centering Group model sites
- 11 Accredited sites
- 5 Federally Qualified Health Centers (FQHCs)
- 1 Accredited FQHC

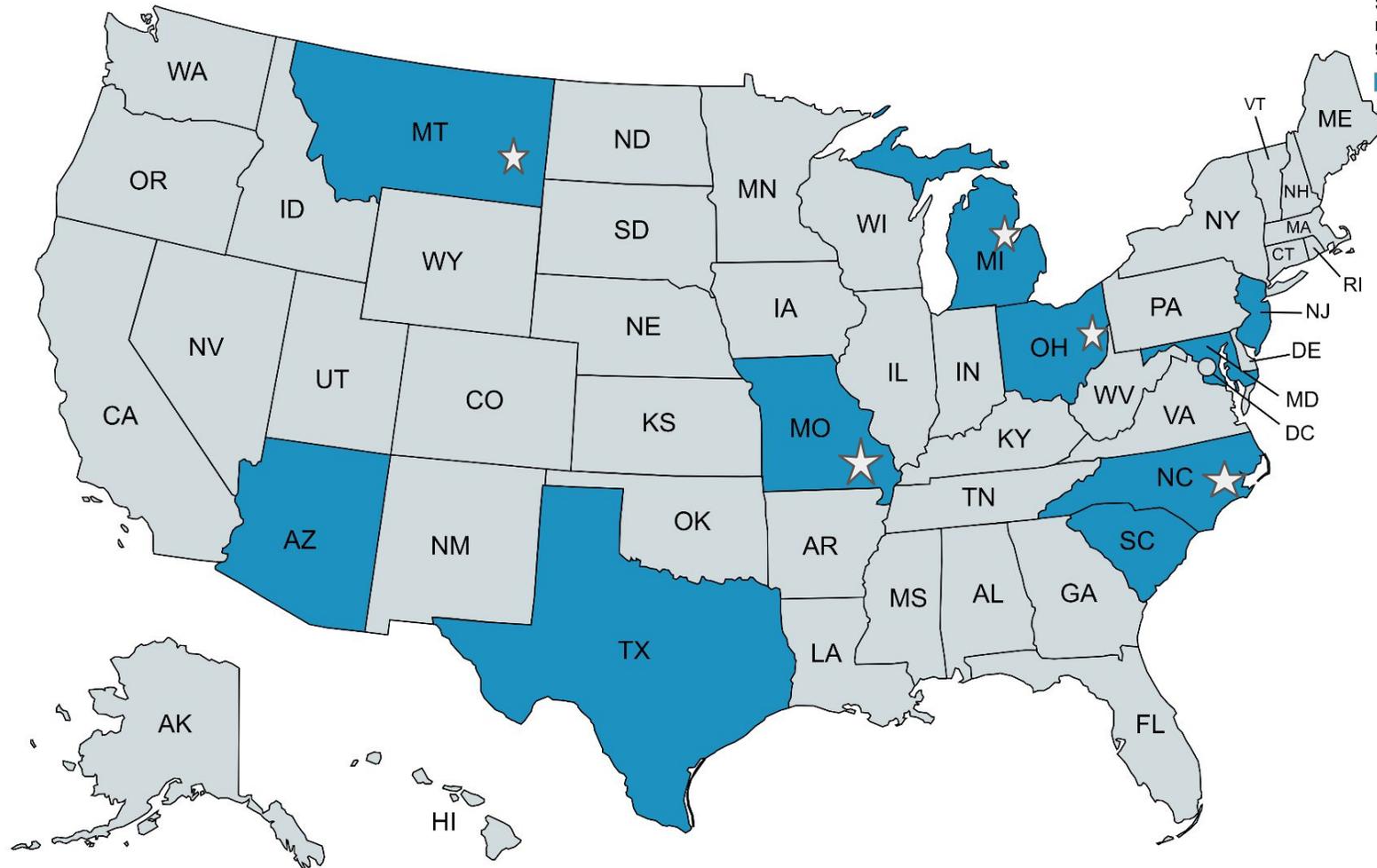
2024 Data

- 48 Centering Pregnancy cohorts
- Served 306 participants who attended one or more Centering groups
- Preterm Birth Rate: 3.9%
- Low Birth Weight: 2.1%
- NICU Admission: 3.9%
- Breastfeeding at Discharge: 71.3%
- Payer Data:
 - 86% reported
 - More than half were Medicaid recipients



Sustaining CenteringPregnancy

States with enhanced reimbursement for group prenatal care



Enhanced Reimbursement Rates

(Per patient per visit unless otherwise noted)

- Arizona: \$45
- Maryland: \$50
- Michigan: \$45
- Missouri: \$40
- Montana: \$30
- New Jersey: \$7
- North Carolina: \$250 on or after the fifth visit (one-time)
- Ohio: \$45
- South Carolina: \$30
- Texas: \$42.47

The Evidence of Centering

Data, outcomes, and stories that prove the impact

Evidence Based Findings

A multi-site randomized control study of 1,047 women found a **33% reduction in risk of preterm births in Centering patients** compared to those receiving only individualized prenatal care. The reduction among African Americans was even higher at 41%.

-33%



-47%

A retrospective cohort study compared 316 women in Centering to 3,767 in traditional care and found a **47% reduction in risk of preterm birth** in Centering patients compared to those receiving only individualized care.

Centering® Results in Medicaid Savings with Better Outcomes



36%
REDUCTION IN
RISK OF
PRETERM
BIRTH



44%
REDUCTION
IN RISK OF
LOW BIRTH
WEIGHT



28%
REDUCTION
IN RISK OF
NICU STAY

25 PATIENTS in Centering eliminates one preterm birth

FIRST YEAR SAVINGS
OF
\$22,667

22 PATIENTS in Centering eliminates one low birth weight baby

FIRST YEAR SAVINGS
OF
\$29,627

30 PATIENTS in Centering eliminates one NICU visit

FIRST YEAR SAVINGS
OF
\$27,250

Connecting with the Community through Centering

We cultivate community in everything we do through prioritizing collaboration and team work. When working with our clients we promote human-centered-care that builds collective power

Our data shows



97%



of patients are “**highly satisfied**” by their Centering experience.

How does Centering Improve Job Satisfaction?

Centering is holistic, relationship-based care that offers more time with patients and strengthens patient-provider relationships to build healthier communities with better outcomes.

Increased Job Satisfaction

Enhanced Information Exchange

Increased Provider-Patient Connection

Efficient Use of Time

Improved Quality of Care

Shared Ownership of Care

Reduced Burnout



Strategic Impact Plan

Channels for scale

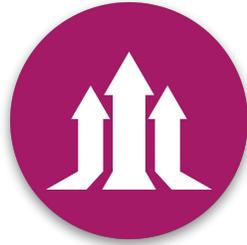
Test partnerships and new channel-level services to determine whether health centers and health systems are viable channels to reach priority groups efficiently at scale

Strategic Impact Priorities



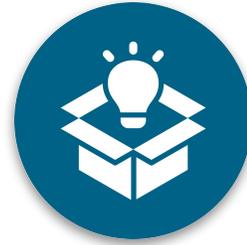
Model and services for scale

Evolve CHI's services and resources to support fidelity to the model and sustainability at scale in ways that meet and elevate community needs



Channels for scale

Test partnerships and new channel-level services to determine whether health centers and health systems are viable channels to reach priority groups more efficiently at scale



Innovation

Build a strong organizational structure of innovation and evaluation needed to evolve CHI's services and products at scale



Sustainable organization

Build a thriving, sustainable organization that centers individual needs and supports longer-term plans for learning while getting ready to embark on a next stage of impact at scale

The Future of Maternal Health

As an evidence-based model CenteringPregnancy improves maternal health outcomes such as breastfeeding rates, less time in the NICU, birth weight and preterm birth.

We are looking forward to partnering with a health system like yours that has such a dynamic vision to impact maternal health.

Each hospital icon represents a site. Each row of people represents the patients and families impacted.

As sites grow, the impact multiplies:



CenteringPregnancy & CenteringParenting Case Management Delivery systems

Opportunity to deliver and assess for supportive services such as:

- Mental health assessment
- Meeting with behavioral health specialist
- Preliminary dental assessment
- Food and housing resources
- Other needs assessment, referral, connection to services

Be a trailblazer in transforming maternal health— partner with us to scale group prenatal care and shape the future of care.



Jessica Bedoy

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Disha Patel, MPH

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Questions?

This presentation is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$550,000 with 0 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS, or the U.S. Government.



Evaluation



Evaluation & Contact Hours: *Case Management for Prenatal Care in Health Centers* March 4

Thank you for participating in today's training. Please complete the following evaluation to provide feedback on the training and suggest future training topics. If you seek continuing nursing professional development contact hours, please provide the required information to receive your certificate. For any questions or concerns, please contact Regina Brecker at rbrecker@phmc.org.

Would you like Nursing Continuing Professional Development credit for this training? *

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NNCC Certificate for Optimizing Case Management for Patient-Centered T...



Smartsheet Automation <automation@app.smartsheet.com>
To Regina Brecker



10:27 AM

If there are problems with how this message is displayed, click here to view it in a web browser.

If you have any questions or need further assistance, please feel free to reach out to Jillian Bird at jbird@phmc.org or Regina Brecker at rbrecker@phmc.org

Thank you for your participation!

ANCC115 2025.09.25 Optimizing Case Mgmt-Telehealth

Details

Changes since 9/25/25, 10:25 AM

1 row added , 1 row changed
1 attachment added

1 row added or updated (shown in yellow)

[Row 2](#)

First and Last Name

Regina Brecker

Changes made by web-form@smartsheet.com, automation@smartsheet.com

1 attachment added

[Optimizing Case Management for Patient-Centered Telehealth Care- Certificate.pdf](#)
(126k) added by automation@smartsheet.com on Row 2: Regina Brecker



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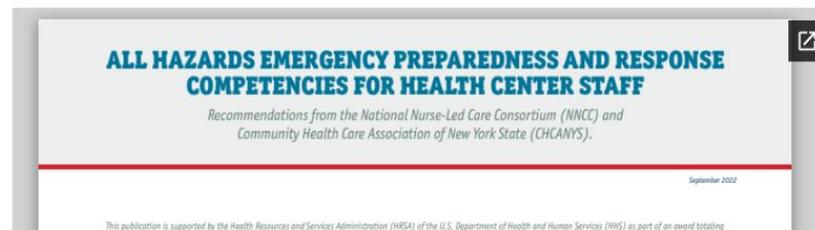
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All Hazards Emergency Preparedness and Response Competencies for Health Center Staff

To successfully perform their assigned emergency/disaster roles, health center staff must understand how their organization will respond to hazards, including the use of altered management structures and modified operations. The National Nurse-Led Care Consortium (NNCC) and the Community Health Care Association of New York State (CHCANYS) created a set of competencies to improve the emergency and disaster preparedness of all health center staff. This publication provides a comprehensive overview of those competencies and sub-competencies, as well as a description of their development process. The competencies are intended to form the foundation of health center staff education and preparedness for all-hazards emergency and disaster response and will allow health centers to direct their limited training time and resources to cover the most essential preparedness aspects.



Upcoming Trainings

Improving Access: A Training Series on Cervical Cancer Screening and Prevention for Health Centers

- **March 10, 17 & 24, 2026 - 3pm EST - Sessions 2-4**
- Registration: https://us02web.zoom.us/webinar/register/WN_Bs53T-k4S_C_LeRIXOQpUQ

Expanding Access: Leveraging Patient Support Services to Increase Cancer Screening Rates

- **March 5, 2026 - 3 pm EST**
- Registration: https://us02web.zoom.us/webinar/register/WN_B8A7zQ1XTbqemrnfPh8cWg

Health Center Preparedness & Response Forum Series: Session 3 - Workforce Readiness

- **March 11, 2026 - 2 pm EST**
- Registration: https://us02web.zoom.us/webinar/register/WN_8c4vJMkpS_uL7Bnl7X6Hsw

The Community Health Management Task Force - Session 1

- **March 18, 2026 - 2 pm EST**
- Registration: https://us02web.zoom.us/webinar/register/WN_wvZhXfg_RImOTI02fyUdfA



Thank You!

If you have any further questions
or concerns please reach out to
Regina Brecker at rbrecker@phmc.org

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